

Settlement Financial Statement

CSSD Case Number: _____

Full Name: _____ SSN: _____ Date of Birth: _____

Current Address: _____ How Long? _____

Do you rent? ____ Yes, ____ No

Do you own your home? ____ Yes, ____ No

If financed, with whom? _____

Telephone: Home: _____. Work: _____

If less than five years, provide previous 2 addresses:

Have you been incarcerated for more than one year? ____ Yes, ____ No

Driver's License:

Number: _____

State Issued: _____

Expiration Date: _____

Current Employer: _____ How long? _____

_____ Gross Earnings: _____

If employed less than 2 years, previous 2 employers:

_____ How long? _____

_____ Phone # _____

_____ How long? _____

_____ Phone # _____

Do you have any other source of income? ____ Yes, ____ No

If yes, what is the source: _____ How much? _____

1. **Household members** (People living with you) If there are more than 4, use the back of the form to list additional members:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Your Household Income:**

- | | Yours | Other |
|--|----------|----------|
| a. Current Monthly Income: | | |
| Wages: | \$ _____ | \$ _____ |
| Social Security: | \$ _____ | \$ _____ |
| Public Assistance: | \$ _____ | \$ _____ |
| Unemployment: | \$ _____ | \$ _____ |
| Other (specify) _____ | \$ _____ | \$ _____ |
| _____ | | |
| Total Monthly Income: | \$ _____ | \$ _____ |
| b. Please provide the following: | | |
| (1). Your last years tax return | | |
| (2). Your last 2 months of pay stubs | | |
| c. Permanent Fund Dividends received in last 12 months | \$ _____ | \$ _____ |
| d. ANCSA or other corporate dividends received in last 12 months | \$ _____ | |
| Source of dividends: _____ | | |
| _____ | | |
| e. Total household Income during last 12 months: | | \$ _____ |
| f. Do you expect to receive other income within the next 6 months (gifts, Settlements, dividends or inheritances)? ____ Yes, ____ No | | |
| g. Do you have a business license? ____ Yes, ____ No | | |
| Name of business if yes: _____ | | |

3. Monthly Household Expenses:

<u>Expenses</u>	<u>Amount</u>
Food	\$ _____
Housing: Rent/Mortgage	\$ _____
Utilities: Gas, Elec., Water	\$ _____
Garbage, Telephone	\$ _____
Transportation (gas/bus)	\$ _____
Car Payment	\$ _____
Through who: _____	

Insurance	\$ _____
Child Support/Alimony	\$ _____
List Loans & Credit Card	\$ _____
Debts: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Medical (not covered by ins)	\$ _____
Childcare	\$ _____
<u>Miscellaneous Expenses</u>	
Cable TV	\$ _____
Club Membership Fees	\$ _____
Internet Fees	\$ _____
Subscriptions (newspaper)	\$ _____
Entertainment	\$ _____
Alcohol/Tobacco	\$ _____
Total	\$ _____

Acct # _____

4. **Cash and Assets:** (Things you own or are buying) include all things you own by yourself and all things you own jointly with someone else.

	<u>Value</u>
Cash	\$ _____

	<u>Balance</u>	
Bank Acct./Checking	\$ _____	Bank Name: _____
Bank Acct./Savings	\$ _____	Bank Name: _____

Stocks, Bonds, CD's,	\$ _____	With Whom: _____
Mutual Funds	\$ _____	_____
Retirement Plans	\$ _____	With Whom: _____

Items: List below, land, homes, trailers, motor vehicles, snow machines, ATVs, boats, airplanes, motorcycles. If financed, please list the financing company and the terms of the contract on a separate sheet of paper and attach to this statement.

	<u>Value</u>	<u>Amount Still Owed</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTALS: \$ _____ (-) \$ _____ = \$ _____

Are any of the above items required to earn your living? ____ Yes, ____ No If yes, list the item and describe why you need it _____

5. **Credit Cards.** List all your credit cards.

Type of Card & <u>Institution Through</u>	<u>Credit Limit</u>	<u>Balance Owed</u>	<u>Minimum Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

6. **Credit Cards** (Cont.)

Type of Card & <u>Institution Through</u>	<u>Credit Limit</u>	<u>Balance Owed</u>	<u>Minimum Payment</u>
_____	\$ _____	\$ _____	\$ _____

I have completed this form to the best of my ability. I understand failure to disclose information could result in termination from the program.

Date

Printed Name

Signature